

Quality Opportunities: A View from Indiana Medicaid Managed Care Plans

Indiana Rural Health Association

Annual Conference

6/26/18

Introductions



Agenda

1. Managed Care Health Plan Quality Drivers
2. Indiana Facts
3. Quality Priorities
 - Well Child
 - Lead Testing
 - Asthma Medication Management
 - Adult Preventive Care
 - Pregnancy
 - Follow-up After Hospitalization
 - Tobacco Cessation
4. Substance Use Disorder
5. Q & A

Managed Care Health Plan Quality Drivers



NCQA

- The National Committee for Quality Assurance (NCQA) is an accreditation program that evaluates health plans nation-wide
- Indiana Medicaid requires contracted health plans to be NCQA accredited
- Three areas of review:
 1. NCQA evaluates elements and factors within groups of performance standards
 - NCQA reviews the plan's reporting, policies, processes and files during a desk-top and an on-site survey review process every 3 years

NCQA (cont'd)

2. The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures related to care and service
 - Health plans use HEDIS results to guide and measure quality of care
 - Results reported to NCQA annually
3. Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys ask consumers to evaluate their health care experience
 - Focus on member satisfaction with health plan providers and the health plan itself
 - Results reported to NCQA annually

Office of Medicaid Policy Planning Priorities/Pay for Outcomes (P40)

For All: Hoosier Healthwise (HHW), Healthy Indiana Plan (HIP) and Hoosier Care Connect (HCC)		
Emergency Department Admissions per 1,000		
Follow-up after Hospitalization for Mental Illness-Within 7 days		
For Both HHW and HIP		
Timeliness of prenatal care- 1st appointment within first trimester		
For Both HIP and HCC		
Adult Preventive Care Visits		
For Hoosier Healthwise	For HIP	For HCC
Six or more Well Child visits during first 15 months of life	Post-partum visit on or between 21 and 56 days after delivery	Follow-up after Hospitalization for Mental Illness-Within 30 days
Annual Well Child visit 3-6 years		
Annual Adolescent visit 12-21 years	% Pregnant women engaged in Indiana Tobacco Quitline	
Lead Testing		
Asthma Medication Management		

Overlapping Priorities

- In a national survey, Rural Healthy People 2020 asked stakeholders to rank the top ten of 38 listed priorities (2015)
- There were 1,214 respondents with 49 states represented; Indiana ranked 7th amongst responding states
- Overlap exists between ranked priorities and Managed Care Plan opportunities

Amongst Top 10 Ranked Priorities (Rural Healthy People 2020 national survey, 2015)	% Survey Responses
Mental health and mental disorders	54%
Substance abuse	45%
Maternal, infant and child health	37%
Tobacco use	35%

Indiana Rankings and Factoids

- About 1 in 5 Indiana adults (21.1%) were current smokers (2016)¹
- Indiana had the 10th highest smoking prevalence among all states and the District of Columbia (2016)²
- Infant Mortality (children less than 1 year) - Indiana had 7.3 death's per 1,000 live births compared to 5.9 for the US (2016)³
- Indiana's rate of HPV vaccinations for Boys and Girls was 45.2, which is the 4th lowest in the nation (2016)⁴
- 56,438 unique children were tested for lead in Indiana; This represents about 10 percent of the children under age 7 in the state (2016)⁵
- 1 in 12 children in the US had asthma (2015)⁶
- Among children ages 5 to 17, asthma is one of the top causes of missed school days; It accounted for more than 13.8 million missed school days (2013)⁷
- More than 56 percent of adults in Indiana who had any type of mental illness did not receive any form of mental health treatment or counseling (2015)⁸

References

- ¹ Behavioral Risk Factor Surveillance System, (2011-2016)
- ² Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. Chronic Disease and Health Promotion Data & Indicators. [online] Accessed 9/21/2017. Available from https://chronicdata.cdc.gov/d/wsas-xwh5?category=Survey-Data&view_name=Behavioral-Risk-Factor-Data-Tobacco-Use-2011-to-pr
- ³ CDC (2016)
- ⁴ CDC Teen Vax View
- ⁵ 2016 Childhood Lead Surveillance Report, Indiana State Department of Health (ISDH)
- ⁶ United States Environmental Protection Agency. Asthma Facts. May 2017 https://www.epa.gov/sites/production/files/2017-08/documents/2017_asthma_fact_sheet.pdf. (Retrieved August 18 2017)
- ⁷ Centers for Disease Control and Prevention. Asthma. <http://www.cdc.gov/asthma/default.htm>. (Retrieved August 18 2017)
- ⁸ Department of Human Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA): Behavioral Health Barometer, Indiana 2015

Indiana Immunization Completion Rates for 19-35 month-olds by County

➤ 2017 Indiana Completion Rate 63%

IN Counties with Highest Completion Rate		IN Counties with Lowest Completion Rate	
Spencer	83.3%	Daviess	45.7%
Pike	79.5%	Lagrange	47.1%
Greene	79.0%	Grant	49.5%
Monroe	79.0%	St Joseph	50.5%
Cass	78.5%	Lake	53.4%
Perry	78.2%	Wells	53.6%
Henry	78.1%	Jackson	55.5%
Decatur	77.8%	Allen	55.8%
Owen	77.8%	Elkhart	57.6%
Warrick	77.4%	Crawford	58.1%

*ISDH County Immunization Rate Assessment 2017 report

Well Child

Well child (0-15 mos)

- Six or more well child visits during the first 15 months of life
- 4:3:1:3:3:1:4 series
- Additional vaccines
 - 1 hepatitis A
 - 2 or 3 rotavirus
 - 2 influenza
- Blood lead test 12 and 24 months

Well child (3-6 yrs)

- One or more well child visits each year
- Recommended vaccines
- Annual influenza
- Blood lead test 24-72 months if not previously tested

Adolescent (12-21yrs)

- One well child visit with a PCP or OB/GYN practitioner each year
- By 13th birthday
 - 1 meningococcal
 - 1 Tdap
 - 2-3 HPV vaccines
- Annual influenza

Childhood Immunizations 4:3:1:3:3:1:4 includes: Dtap, IPV, MMR, HIB, HepB, VZV, PCV

Well Child Opportunities

Health Plans	Providers
<ul style="list-style-type: none">• Collaboration with ISDH to identify gaps in immunizations and lead• Identify CHIRP reporting omissions versus claims• Educational outreach to member and provider• Care Management for those with blood lead test $\geq 5\mu\text{g}/\text{dL}$• Offer member and provider incentive programs• Assist with transportation needs• Collaboration with local health departments	<ul style="list-style-type: none">• Timely well child visits• Capitalize on opportunities to address all aspects of well child care• Follow recommended immunization schedule• Blood lead testing and follow up• Outreach to members to close gaps• CHIRP Reporting

Immunization Reporting

- July 1, 2015 - Indiana Code 16-38-5-2 mandates all medical providers to submit complete immunization records of children 18 years of age and younger to the CHIRP registry system within 7 business days of administration
- CHIRP - Children and Hoosier Immunization Registry Program
 - Secure web-based application administered by the Indiana State Department of Health
 - Providers can review vaccination records for their patients
 - Providers can record all newly administered vaccinations
 - Guide providers on forecasting immunizations
 - Allows patients to view records through My VaxIndiana portal
 - CHIRP helpdesk 888-227-4439 or chirp@isdh.in.gov
- VFC - Vaccines for Children Program
 - Federal program funded through the CDC provides free vaccines for children age 0-18 and are Medicaid eligible, uninsured, or have health insurance without vaccine coverage. Also any child identified as American Indian or Alaskan Native
 - Administered by enrolled VFC providers

Lead Testing & Reporting

- Federal law and Indiana Administrative Code require children covered by Medicaid to be tested for a blood lead level at 12 and 24 months and 24- 72 months if not previously tested
- 2016 - 10% of children under age 7 in Indiana were screened based on US Census population estimate for 2015 (based on 2010 Census), which is the most current year for ages 0-6
- Housing is the leading factor in elevated blood lead levels in Indiana. All but three Indiana counties - Hamilton, Johnson and Hendricks - have more than 45 percent of their housing built before 1980
- Lead is a reportable disease condition in the State of Indiana; All blood lead tests must be submitted to the Indiana State Department of Health

Asthma Medication Management

- Goal: To ensure members identified as having persistent asthma are prescribed appropriate controller medication and are compliant with the medication regime
- Asthmatic members 5-64 years of age should be prescribed controller medication to decrease the use of rescue medications and prevent the need for higher levels of care

Health Plans	Providers
<ul style="list-style-type: none">• Care Management<ul style="list-style-type: none">• Identify members with high utilization• Various education such as role of diet and exercise in controlling asthma symptoms• Learn how stress and anxiety may trigger an asthma attack• Medication management with monitoring of medications for refills• Members may be referred to public health for a home assessment and offered various outreach such as Asthma Camp	<ul style="list-style-type: none">• Refer high risk Asthma member to health plan for Care Management• Refer to public health department for home assessment• Monitor members for medication adherence• Create an Asthma Action Plan

Adult Preventive Care

- Goal: To promote ambulatory or preventive care visits annually to members 19 years and older to aid in earlier diagnosis of illnesses and prevent potentially fatal illnesses
 - Adults should have annually one or more ambulatory or preventive care visit with height, weight, BMI, History & Physical, review of systems and include anticipatory guidance (AG) on smoking cessation, avoidance of alcohol and or drug use, good nutrition and other age appropriate AG
 - Recommended preventive care services include tests for colorectal, cervical and breast cancer, hypertension, high cholesterol and immunizations

Adult Preventive Care

Health Plans	Providers
<ul style="list-style-type: none">• Incentives and member outreach to encourage preventive care services• Outreach to members who chronically miss a scheduled appointment• Collaboration with Indiana Tobacco Quitline• Offers programs such as weight management and promote member outreach activities such as immunizations, flu shot campaigns and disease awareness such as Diabetes and Hypertension	<ul style="list-style-type: none">• Maximize the opportunity to provide preventive care services when a member seeks an illness related visit: include counseling to prevent health problems and insure services, such as immunizations, are up to date• Referral to Indiana Quitline• Outreach to adults who have not been seen by provider• Obtain history, including family history of disease and age-appropriate physical exam

Pregnancy Care

- Goal: To get women in for their first prenatal exam within 1st trimester
- Goal: Women to get postpartum exam within 21-56 days of delivery
 - ❖ C-section incision checks at two weeks do not count!

Health Plans	Providers
<ul style="list-style-type: none">• Regular outreach to pregnant members as soon as identified• Assessment and follow-up through Care Management• Prenatal and post-natal education• Member incentives• Transportation to appointments	<ul style="list-style-type: none">• Submit Notification of Pregnancy (NOP) form at first prenatal visit<ul style="list-style-type: none">• Provider paid \$60 with claim• Schedule timely exams• Follow-up on missed appointments• Refer tobacco users to Quitline• Postpartum depression screen

Tobacco Cessation

- Goal is to provide tobacco cessation resources to those members that indicate they want and are ready to quit

Health Plans	Providers
<ul style="list-style-type: none">• Ask and assess during telephonic health screenings• Outreach to those that indicate they use tobacco on application• Refer to Quitline and other services• Incentivize members to quit-<ul style="list-style-type: none">• Increased for HIP in 2018!	<ul style="list-style-type: none">• Ask about tobacco use at every visit• Advise of health benefits of quitting• Assess to determine readiness to quit• Refer to Indiana Quitline or other local cessation resource• Determine if OTC or prescription cessation aids are right for the patient• If meet criteria, bill for cessation counseling

Follow-up After Hospitalization

- Goal is to ensure follow-up visit with a behavioral health provider within 7 days of hospitalization for mental illness

Health Plans	Providers
<ul style="list-style-type: none">• Care management<ul style="list-style-type: none">• Post discharge coordination• Checks for 7 day follow-up appointment• Arranges transportation• Reviews medications and any changes• Notifies Primary Medical Provider and Behavioral Health Provider (BHP) within 5 days of admission• Referrals to outpatient BHPs and community resources• Arrange BHP home visits when available• Exploring use of Telehealth in BHP desert areas	<ul style="list-style-type: none">• Hospitals schedule follow-up visit <u>prior to discharge</u>• Outpatient providers ensure appointment availability• Coordination of care and data sharing between Primary Medical Provider and BHP offices• Consider becoming a Telehealth “spoke or hub site” to facilitate remote access to behavioral health services

Substance Use Disorder (SUD)

- Substance Use Waiver - The State has filed a waiver to increase the services that are offered to Indiana Medicaid members to help combat the rise in Opiate Addiction in Indiana
- Increases the number of IHCP providers to provide SUD services
- Authorizes stays in institutions for mental disease (IMDs)
 - Inpatient: up to 15 calendar days
 - Residential: up to an average of 30 calendar days
- Authorizes reimbursement for residential level of care
 - High intensity vs. Low intensity
 - Rate includes: Individual and group therapy; Skills training and development, Medication training and support; Case Management; and Drug testing
- Coverage of Addiction Recovery Management Services (ARMS)
 - Addiction-focused case management
 - Addiction-focused peer recovery support
- Increased Incentives for HIP SUD members

Questions?